



# LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY MOBILE INTENSIVE CARE NURSE (MICN) APPLICATION

**APPLICATION AND FEE\***☐ Certification - \$125☐ Recertification - \$100  
(lapse less than 6 months)☐ Recertification - \$325  
(lapse 12 mo – < 24 mo.)☐ Recertification - \$100☐ Recertification - \$300  
(lapse 6 mo. – < 12 mo.)☐ Challenge - \$325

**\*A non-refundable fee in the amount indicated, payable to "Los Angeles County DHS," must accompany this application. The County charge will be imposed on all checks returned for non-sufficient funds.**

**PLEASE PRINT IN INK OR TYPE**

<b>Section 1</b>	Legal Name _____ Birthdate ____/____/____		
	(Last)	(First)	(M.I.)
	Mailing Address _____		
	(City)	(State)	(Zip Code)
	Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____		
	Social Security # _____ - _____ - _____		
Sponsoring Base Hospital/Agency _____			

<b>Section 2</b>	<b>LICENSURE/CERTIFICATION</b> (Certification and challenge candidates must attach copies)		
	California RN License # _____ Exp. Date ____/____/____ ACLS Exp. Date ____/____/____		
	MICN Certification # N _____ County _____ Exp. Date ____/____/____		
	(continued on reverse side)		

**DO NOT WRITE BELOW THIS LINE**

(For EMS Agency Use Only)

MICN Candidate	MICN Renewal	EMS Agency Review	Certification
Date ____/____/____	Date ____/____/____	Reviewed by _____	Exam Date ____/____/____
<input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Application <input type="checkbox"/> RN License Copy <input type="checkbox"/> ACLS Certification Copy <input type="checkbox"/> Field Observation <input type="checkbox"/> Course Completion Cert <input type="checkbox"/> Confirmation Letter <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Application <input type="checkbox"/> CE Summary <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Note: _____	Score _____%
<b>Certification Fee</b>			<input type="checkbox"/> Radio Internship Evaluation
	Date ____/____/____	Amount Received \$ _____	Certification # N _____
	Received by _____	DR # _____	Cert. Date ____/____/____
			Exp. Date ____/____/____

Section 3	<b>PROFESSIONAL EXPERIENCE AND SPONSORING AGENCY APPROVAL</b>  Currently employed by: _____ Position: _____ Since: ____/____/____ <div style="text-align: right;">Month/Yr</div> Total RN years of experience: RN _____ Emergency Department _____ Critical Care _____
	I hereby <input type="checkbox"/> Recommend MICN Certification <input type="checkbox"/> Approve MICN Recertification
	Sponsoring Coordinator's Signature _____

Section 4	<b>ALL APPLICANTS MUST ANSWER THE FOLLOWING:</b>  Have you ever had an application for MICN certification denied in any county or State? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____  As a juvenile or adult, have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, indicate the type of conviction and attach a detailed explanation with any supporting documentation for each conviction: <div style="text-align: center;"> <input type="checkbox"/> Misdemeanor      <input type="checkbox"/> Felony         </div>  Have you ever been, or are you currently, the subject of a formal prehospital care certification disciplinary action or proceeding?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____
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I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN certification in the County of Los Angeles. I authorize the EMS Agency to provide prehospital care employers with my certification status.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Mail to:**

Los Angeles County  
 Emergency Medical Services Agency  
 Office of Prehospital Certification  
 10100 Pioneer Boulevard, Suite 200  
 Santa Fe Springs, CA 90670  
 (562) 547-1500